No. **W 126026**	**Due no later than Jun 30, 2016**	2. Registered Agent and Address **(NO PO BOX)**
Return to: SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080 **NO FILING FEE IF RECEIVED BY DUE DATE**	**Annual Report Form** **1. Mailing Address: Correct in this box if needed.** RIPP'D NUTRITION LLC RIPP'D NUTRITION 1665 MARKETWAY AMMON ID 83406 USA	PATRICK ANDERSON 1821 EAGLEPOINTE DR AMMON ID 83406 3. New Registered Agent Signature:*

4. Limited Liability Companies: Enter Names and Addresses of at least one Member or Manager.

Office Held	Name	Street or PO Address	City	State	Country	Postal Code
MEMBER	JAMES G ANDERSON	3080 DEVONWOOD	AMMON	ID	USA	83406

5. Organized Under the Laws of:	6. Annual Report must be signed.*	
ID **W 126026**	Signature: Geri A Morris	Date: 04/23/2016
	Name (type or print): Geri A Morris	Title: member

Processed 04/23/2016

* Electronically provided signatures are accepted as original signatures.